

Buprenorphine

This sheet is about exposure to buprenorphine in pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

What is buprenorphine?

Buprenorphine is an opioid medication. Opioids are sometimes called narcotics. Buprenorphine is used to treat addiction to opioid drugs (such as heroin) and narcotic painkillers. It has also been used to treat pain. It is available as an injection (including brand names Buprenex® and Sublocade®), an oral film that dissolves in the mouth (Belbuca®), and a patch worn on the skin (Butrans®). Buprenorphine is also available in different forms combined with the medication naloxone (such as Bunavail®, Suboxone®, and Zubsolv®).

I am taking buprenorphine, but I would like to stop taking it before becoming pregnant. How long does the medication stay in my body?

Sometimes when people find out they are pregnant, they think about changing how they take their medication, or stopping their medication altogether. However, it is important to talk with your healthcare providers before making any changes to how you take this medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

People get rid of medications from their bodies at different rates. In healthy, non-pregnant adults, it takes up to 9 days, on average, for most of the buprenorphine to be gone from the body. It may take a longer time for long-acting (extended-release) medications.

I just found out I am pregnant. Should I stop taking buprenorphine?

No. If you have been taking buprenorphine regularly you should not stop suddenly (also called “cold turkey”). Stopping an opioid medication suddenly could cause you to go into withdrawal. More research is needed to know how going through withdrawal might affect a pregnancy. Talk with your healthcare providers before making any changes to your medications. Changes to your buprenorphine treatment during pregnancy or while breastfeeding should be done only under the care of your healthcare provider.

I take buprenorphine. Can it make it harder for me to get pregnant?

Studies have not been done to see if taking buprenorphine can make it harder to get pregnant.

Does taking buprenorphine increase the chance of miscarriage?

Miscarriage can occur in any pregnancy. Limited studies looking at buprenorphine use in pregnancy have not found higher rates of miscarriage than what is seen in the general population. However, there are no published studies looking specifically at whether buprenorphine increases the chance of miscarriage. Based on the studies reviewed, it is not known if buprenorphine increases the chance for miscarriage.

Does taking buprenorphine increase the chance of birth defects?

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Limited studies looking at buprenorphine in pregnancy have not reported an increased chance for birth defects. Not every opioid medication has been studied on its own. Some studies that have looked at opioids as a group suggest that opioids in general might be associated with birth defects. However, studies have not found a specific pattern of birth defects caused by opioids. Based on these studies, if there is an increased chance for birth defects with opioid use in pregnancy, it is likely to be small.

Does taking buprenorphine in pregnancy increase the chance of other pregnancy-related problems?

When taken as prescribed, buprenorphine is not expected to increase the chance for pregnancy problems. Studies involving people who often use some opioids during their pregnancy have found an increased chance for poor pregnancy outcomes such as poor growth of the baby, stillbirth, delivery before 37 weeks of pregnancy (preterm delivery), and C-section. This is more commonly reported in those who are taking a drug like heroin or who are using

prescribed pain medications in higher amounts or for longer than recommended by their healthcare provider. Use of an opioid close to the time of delivery can result in withdrawal symptoms in the baby (see the section of this fact sheet on Neonatal Abstinence Syndrome).

Will my baby have withdrawal (Neonatal Abstinence Syndrome) if I continue to take buprenorphine?

Studies have reported that some babies will experience neonatal abstinence syndrome (NAS) when buprenorphine is used up to the time of delivery.

NAS is the term used to describe withdrawal symptoms in newborns from medication(s) that a person takes during pregnancy. For any opioid, symptoms can include difficulty breathing, extreme drowsiness (sleepiness), poor feeding, irritability, sweating, tremors, vomiting and diarrhea. NAS symptoms from buprenorphine may not appear for several days after birth and may last more than two weeks. Most babies can be successfully treated for withdrawal while in the hospital. If you use opioids, it is important that your baby's healthcare providers know, so they can check for symptoms of NAS.

Does taking buprenorphine in pregnancy affect future behavior or learning for the child?

Based on the studies reviewed, there is not enough information to know if buprenorphine increases the chance for behavior or learning issues. Some studies on opioids as a general group have found more problems with learning and behavior in children exposed to opioids for a long period of time during pregnancy. It is hard to tell if this is due to the medication exposure or other factors such as use of tobacco, alcohol, and/or other substances that can increase the chances of these problems.

What if I have been taking more buprenorphine than recommended by my healthcare provider?

Studies find that pregnant women who misuse opioids have an increased chance for pregnancy problems. These include poor growth of the baby, stillbirth, premature delivery, and the need for C-section. Some women who misuse opioids also have unhealthy lifestyles that can result in health problems for both the mother and the baby. For example, poor diet choices can lead to mothers not having enough nutrients to support a healthy pregnancy and could increase the chance of miscarriage and premature birth. Sharing needles to inject opioids increases the risk of getting diseases like hepatitis C and/or HIV which can also infect the baby.

Breastfeeding while taking buprenorphine:

Buprenorphine gets into breastmilk in low amounts. Talk with your healthcare provider or a MotherToBaby specialist about your medication, as information on breastfeeding might change based on your specific situation such as the age of your baby, the dose and delivery type of the medication (injection, oral film, patch), and other factors.

Use of some opioids in breastfeeding might cause babies to be very sleepy and have trouble latching on. Some opioids can cause trouble with breathing. Talk to your healthcare provider about how to monitor (watch) your baby for any signs of concern while you are taking buprenorphine. Contact the baby's healthcare provider right away if you suspect the baby has any problems such as increased sleepiness (more than usual), trouble feeding, trouble breathing, or limpness. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a male takes buprenorphine, could it affect fertility (ability to get partner pregnant) or increase the chance of birth defects?

Studies have not been done to see if buprenorphine could affect male fertility or increase the chance of birth defects. In general, exposures that fathers or sperm donors have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at <https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/>.

Please click [here](#) for references.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at [MotherToBaby.org](https://www.MotherToBaby.org).

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